

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/743666

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7		1				
8		1				
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50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	8	↔		↔		↔
TOTAL CLAIMS	12					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

BEST AVAILABLE COPY